

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/593,381	
Confirmation Number	8865	
Filing Date	with an effective filing date of March 22, 2005	
First Named Inventor	Peter ZIEMER	
Group Art Unit	3655	
Examiner Name	Tisha D. LEWIS	Fax: (571) 273-8300
Total No. of Pages in this Submission: 14	Attorney Docket Number	ZAHFRI P888US

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form [1] (in Duplicate) <input checked="" type="checkbox"/> Fee attached - Check \$220.00 <input checked="" type="checkbox"/> Amendment/Response [11] <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request [] (in Duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Stmt [] <input type="checkbox"/> Certified Copy of Priority [] Document(s) <input type="checkbox"/> Response to Missing Part/s Incomplete Application [] <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment papers [] (for an Application) <input type="checkbox"/> Drawing(s) --Annotated Sheet(s) .. [] Replacement Sheet(s) .. [] <input type="checkbox"/> Licensing-related Papers [] <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful) <input type="checkbox"/> To Convert a Provisional Petition .. [] <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address [] <input type="checkbox"/> Terminal Disclaimer [] <input type="checkbox"/> Small Entity Statement [] <input type="checkbox"/> Request for Refund []	<input type="checkbox"/> After Allowance Communication to Group [] <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences .. [] <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) [] <input type="checkbox"/> Proprietary Information [] <input type="checkbox"/> Status Letter [] <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Postcard
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REMARKS

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

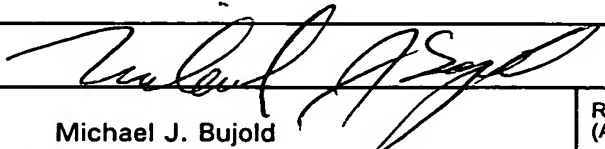
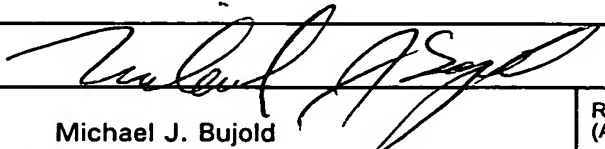
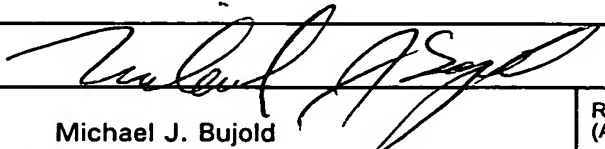
Firm or Individual Name	Michael J. Bujold DAVIS & BUJOLD, P.L.L.C.	Reg. No. 32,018 CUSTOMER NO. 020210
Signature		
Date	July 27, 2009	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on July 27, 2009.

Signature		Date: July 27, 2009 (tac)
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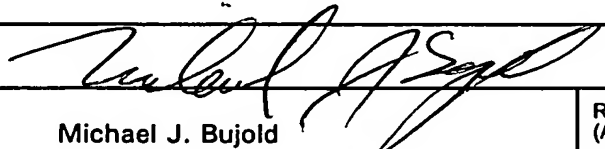
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<p>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <p>FEE TRANSMITTAL For FY 2008</p> <p>Applicant claims small entity status. See 37 CFR 1.27</p> <p>TOTAL AMOUNT OF PAYMENT: \$220.00</p>		<p>Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Application No. Filing Date</p> <p>First Named Inventor Examiner Name Art Unit</p> <p>Attorney Docket No.</p> </td> <td style="width: 50%; vertical-align: top;"> <p>10/593,381 with an effective filing date of March 22, 2005 Peter ZIEMER Tisha D. LEWIS 3655</p> <p>ZAHFRI P888US</p> </td> </tr> </table>		<p>Application No. Filing Date</p> <p>First Named Inventor Examiner Name Art Unit</p> <p>Attorney Docket No.</p>	<p>10/593,381 with an effective filing date of March 22, 2005 Peter ZIEMER Tisha D. LEWIS 3655</p> <p>ZAHFRI P888US</p>																																																				
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